

# EMT-I

## EMERGENCY MEDICAL TECHNICIAN-I

# SKILLS TEST

- Patient Evaluation
- Airway Management
- Foreign Body Obstruction of Airway
- External Bleeding
- Cervical Spine Injury
- Cardiopulmonary Resuscitation
- Scalp Laceration
- Traction Splint
- Compound Tibia Fracture
- Emergency Childbirth
- Radio Communications

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May, 1978



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EMT-I SKILLS STANDARDIZATION TASK FORCE

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\*Key stations: for successful completion of the Skills Test the EMT-I must perform correctly the six key stations plus three of the remaining stations.



## PATIENT EVALUATION

### Performance Objective

Rescuer will demonstrate ability to perform a total patient evaluation.

### Condition

1. The situation presented will be a simulated caucasian<sup>1</sup> patient lying supine on the ground after an auto accident with a single limb<sup>2</sup> complaint. The patient will be wearing a bathing suit under clothes to allow for removal of clothes.
2. The rescuer will be provided with the following equipment for testing:
  - a. flashlight
  - b. blood pressure cuff
  - c. stethoscope
  - d. stopwatch

### Standards

The standards are incorporated into the following checklist to be used by the scorer. All key points are indicated by an asterisk (\*).

Note: In the following checklist, the REPORTING column includes specific language to facilitate EMT-MD communication in the Emergency Department rather than to encourage long radio presentations.

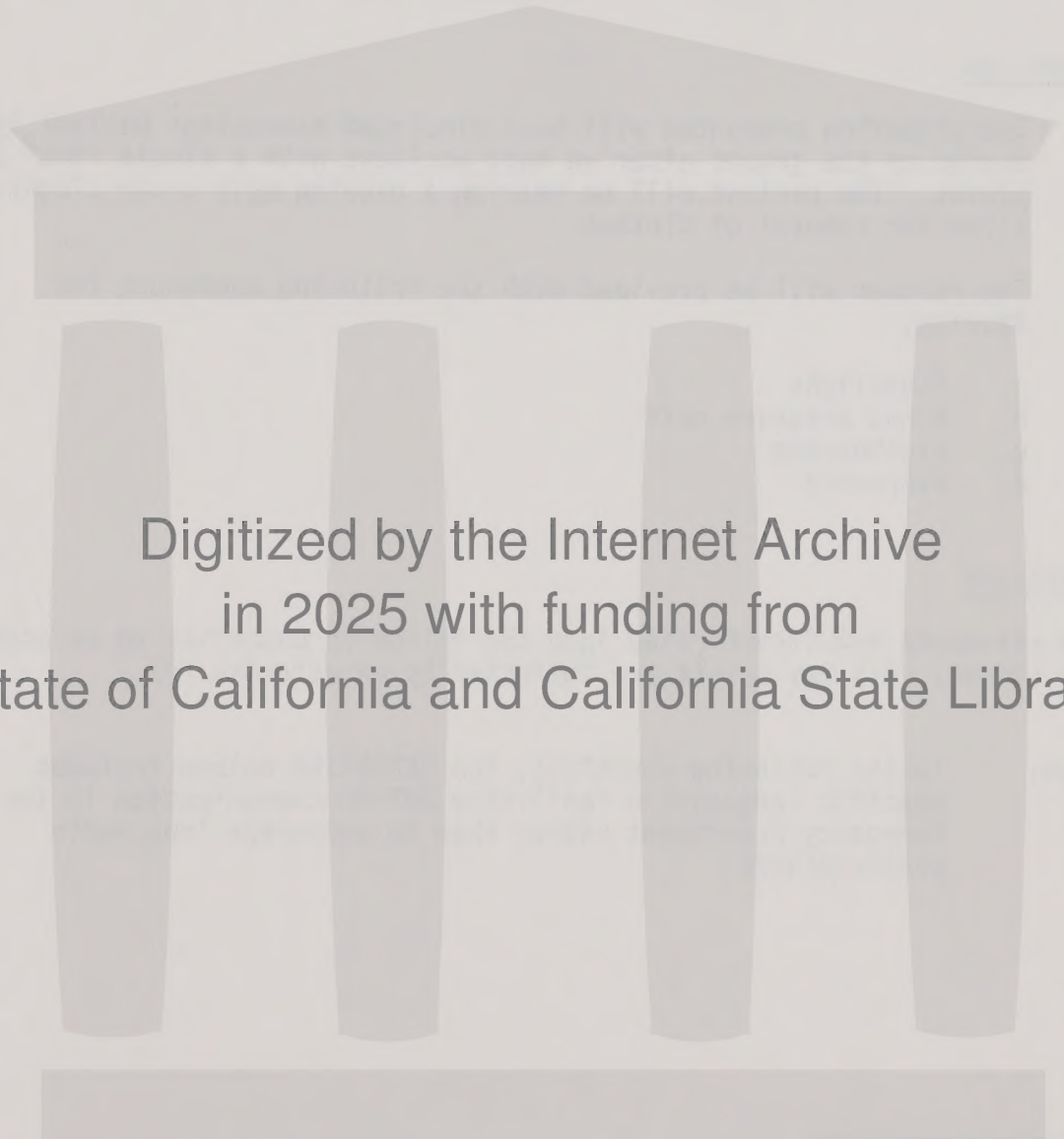
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1

Caucasian patient has been chosen so that the rescuer will be able to make a decision about "pallor or no pallor."

2

A minor limb injury is selected to avoid confusion by the rescuer about such issues as Primary Survey (life threatening) vs. Secondary Survey (interview and total head to foot exam). This is clearly testing Secondary Survey skills.



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Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

### PATIENT EVALUATION CHECKLIST

| EXAMINATION STEP                                      | PROCEDURE   | PC | PO | COMMENTS |
|---|---|----|----|----------|
| SUBJECTIVE  |   |    |    |          |
| 1. Introduction, reassurance, and permission to treat | "Hello, my name is _____.<br>I am an EMT. What is your name?<br>May I help you?"      |    |    |          |
| *2 Primary complaint                                  | "Where do you hurt?"  |    |    |          |
| *3 Rescue situation                                   | "What happened?"  |    |    |          |
| *4. Background of complaint                           | "Do you remember what actually happened to your _____ (arm/leg) during the accident?" |    |    |          |
| *5. Age   | "How old are you?"  |    |    |          |
| 6. Previous Medical History                           | "Have you been under a doctor's care for any medical problem:"                        |    |    |          |
| 7. Current medications                                | "What medications do you take?"   |    |    |          |
| 8. Allergies  | "What medicines cause you to have allergic reactions?"                                |    |    |          |

\*key points

PC - Performance Completed  
PO - Performance Omitted



| EXAMINATION STEP                                     | PROCEDURE   | PC | PO | COMMENTS |
|--|---|----|----|----------|
| OBJECTIVE  |   |    |    |          |
| 1. General Observation<br>*a. Level of consciousness | If patient is alert, check person, place, time orientation. If not fully awake, check responsiveness to voice, gentle shaking, or pain.                                     |    |    |          |
| *b. Skin sign  | Look at the skin for possible cyanosis or pallor.   |    |    |          |
| 2. Vital Signs<br>*a. Respirations                   | Count respirations as radial pulse is felt.   |    |    |          |
| *b. Pulse  | Take pulse with the index and long fingers over the radial pulse, timing for at least 15 seconds.   |    |    |          |
| *c. Blood Pressure                                   | Take palpable BP - Cuff is placed 1" above the antecubital space; radial artery is palpated; cuff is inflated 20 mm of Hg above obliterated pulse; cuff is slowly deflated. |    |    |          |

\*key points



| EXAMINATION STEP                      | PROCEDURE  | PC | PO | COMMENTS |
|---------------------------------------|--|----|----|----------|
| *c. Blood pressure<br>(continued)     | Take full BP -<br>Cuff is 1" above<br>the antecubital<br>space; brachial<br>artery is pal-<br>pated; stetho-<br>scope is placed<br>over brachial ar-<br>tery; cuff is in-<br>flated 20 mm Hg<br>above palpable<br>BP; as cuff is de-<br>flated slowly both<br>systolic and dia-<br>stolic sounds are<br>noted. |    |    |          |
| 3. Head to Foot<br>Survey<br>a. Scalp | Feel scalp with<br>both hands for<br>active bleeding<br>without flexing<br>the patient's<br>neck.  |    |    |          |
| *b. Pupils                            | Check pupils for<br>equality and<br>reaction to<br>light.  |    |    |          |
| c. Lower lid<br>color.                | Pull either eye-<br>lid down to<br>check it for<br>pinkness or pale-<br>ness.  |    |    |          |
| d. Ears                               | Check ears (with-<br>out turning the<br>head or moving<br>the neck) for<br>blood or clear<br>fluid.  |    |    |          |
| *e. Mouth                             | Check the mouth<br>for clear airway.   |    |    |          |
| f. Front of<br>neck                   | Check trachea<br>for stoma.  |    |    |          |

\*key points



| EXAMINATION STEP       | PROCEDURE  | PC | PO | COMMENTS |
|------------------------|--|----|----|----------|
| *g. Back of neck       | Check cervical spine for midline point tenderness.                                     |    |    |          |
| *h. Look at chest.     | Observe chest for scars or area of flail.  |    |    |          |
| *i. Compress Chest     | Compress the Chest with both hands at the sides to check for pain.                     |    |    |          |
| j. Listen to chest.    | Auscultate the chest at each side lateral to nipple line for air entry.                |    |    |          |
| k. Look at abdomen.    | Examine the abdomen for obvious penetration.   |    |    |          |
| 4. Palpate abdomen     | Check the abdomen in all four quadrants for tenderness.                                |    |    |          |
| *m. Low back           | Palpate the lowest thoracic through the lumbar vertebrae for midline point tenderness. |    |    |          |
| *n. Pelvis             | Compress pelvis from the sides to test for pelvic fracture.                            |    |    |          |
| *o. Palpate legs       | Palpate each leg for bleeding, pain, or deformity.                                     |    |    |          |
| *p. Check pedal pulses | Remove shoes and socks and feel either the front or back pedal pulse in each foot.     |    |    |          |

\*key points



| EXAMINATION STEP        | PROCEDURE   | PC | PO | COMMENTS |
|-------------------------|---|----|----|----------|
| q. Check foot movement  | Instruct patient how to wave his feet without lifting his legs. |    |    |          |
| r. Check foot sensation | Ask patient which toe is being touched as you touch one toe.    |    |    |          |
| *s. Palpate arms        | Palpate each clavicle and arm for bleeding, pain, or deformity. |    |    |          |
| *t. Check radial pulses | Palpate radial pulses on both wrists.                           |    |    |          |
| u. Check hand movement  | Instruct patient to wave each hand.                             |    |    |          |
| v. Check hand sensation | Ask patient which finger is being touched.                      |    |    |          |

\*key points



| EXAMINATION STEP                              | PROCEDURE   | PC | PO | COMMENTS |
|---|---|----|----|----------|
| ASSESSMENT                                    |   |    |    |          |
| *1. Suspected condition                       | Draw conclusion from Subjective and Objective Exam. |    |    |          |
| *2. Priority Involvement (Pertinent Negative) | Select priority involvement.                        |    |    |          |
| PLAN  |   |    |    |          |
| *1. On Site Treatment                         | Plan treatment.                                     |    |    |          |
| 2. Transportation Position                    | Select position.                                    |    |    |          |
| *3. Transportation Code                       | Select Code.  |    |    |          |
| 4. Treatment Expected in Route                | Plan treatment route.                               |    |    |          |

\*key points



PASS/FAIL

1. In order to pass this skill, the rescuer must perform correctly all critical criteria as shown with asterisks (\*).
2. The rescuer must also perform correctly eight non-critical points in order to pass.

---

Overall Evaluation: \_\_\_\_\_

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Scorer's Comments: \_\_\_\_\_

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\_\_\_\_\_  
Scorer's Signature



## AIRWAY MANAGEMENT

### Performance Objective

Rescuer will demonstrate ability to obtain a patent airway and maintain adequate ventilation.

### Conditions

1. The situation presented will be a simulated patient (recording resuscitation manikin) unresponsive to painful and verbal stimuli. The patient evaluation will have been completed.
2. The following equipment will be provided for testing:
  - a. stopwatch
  - b. resuscitation manikin
  - c. oropharyngeal airway set with sizes 0-7
  - d. suction catheters
  - e. tonsil tip suction
  - f. portable suction
  - g. O<sub>2</sub> equipment
    - 1) full tank
    - 2) flowmeter
    - 3) 2-wrenches
    - 4) tubing
    - 5) O<sub>2</sub> mask
    - 6) nasal cannula
  - h. pocket mask
  - i. demand valve
  - j. stopwatch

### Standards

The standards are incorporated into the following checklist to be used by the scorer. All key points are indicated by an asterisk (\*).



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

### AIRWAY MANAGEMENT CHECKLIST

|   | PERFORMED | OMITTED | COMMENTS |
|---|-----------|---------|----------|
| SCORER STATES GURGLING PRESENT IN UNCONSCIOUS PATIENT'S UPPER AIRWAY.   |           |         |          |
| 1. Shake shoulder gently; shout "Are you okay?" Call out "Help!"  |           |         |          |
| SCORER STATES NO RESPONSE.  |           |         |          |
| *2. Obtain a patent airway, using head tilt (one hand under neck from rescuer's side and other hand on forehead), within 15 second period of time following finding of patient. |           |         |          |
| *3. Look, listen and feel for adequate air exchange.  |           |         |          |
| SCORER STATES GURGLING CONTINUES.   |           |         |          |
| 4. Examine mouth visually, and manually clear if indicated.   |           |         |          |
| *5. Turn patient on side.   |           |         |          |
| SCORER STATES GURGLING CONTINUES AND VENTILATION SHALLOW.   |           |         |          |
| 6. Turn patient back to face up position.   |           |         |          |
| *7. Determine appropriate size of oropharyngeal airway to use by measuring. (May use either earlobe to corner of mouth or angle of jaw to midline of lip.)                      |           |         |          |
| SCORER STATES MANIKIN WILL NOT TAKE NORMAL SIZE AND HANDS PEDIATRIC AIRWAY TO RESCUER.  |           |         |          |
| *8. Properly insert airway (partially insert upside down, rotating 180o while inserting fully.)   |           |         |          |
| *key points   |           |         |          |



|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| *9. Look, listen and feel for adequate air exchange.   |           |         |          |
| SCORER STATES GURGLING CONTINUES.  |           |         |          |
| *10. Check to make sure suction equipment is functioning.  |           |         |          |
| *11. Determine depth for catheter insertion by measuring from earlobe to tip of nose.  |           |         |          |
| *12. Crimp catheter and insert.  |           |         |          |
| *13. Uncrimp and withdraw catheter, limiting suctioning to 10 seconds.   |           |         |          |
| SCORER STATES GURGLING HAS STOPPED BUT PATIENT HAS BECOME CYANOTIC WITH ADE-<br>QUATE AIR EXCHANGE.  |           |         |          |
| *14. Open O <sub>2</sub> tank, select O <sub>2</sub> administration equipment (either the cannula or the O <sub>2</sub> mask may be selected) and adjust to appropriate liter flow as follows: |           |         |          |
| a. cannula, 4-8 liters   |           |         |          |
| b. O <sub>2</sub> mask, 6-10 liters  |           |         |          |
| *15. Properly apply apparatus to patient.  |           |         |          |
| SCORER STATES PATIENT HAS CEASED SPON-<br>TANEOUS RESPIRATION.   |           |         |          |
| 16. Position pocket mask or demand valve on face with two-hand grip so that minimal leakage occurs.  |           |         |          |
| *17. Observe patient for rise and fall of chest and adequate response of manikin (as indicated by green light). Must achieve 800 cc. ventilation at least once out of five attempts.           |           |         |          |

\*key points



PASS/FAIL

1. In order to pass this skill, the rescuer must perform correctly all critical criteria as shown with asterisks (\*).

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Overall Evaluation: \_\_\_\_\_

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Scorer's Comments: \_\_\_\_\_

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\_\_\_\_\_  
Scorer's Signature



## FOREIGN BODY OBSTRUCTION OF THE AIRWAY

### Performance Objective

Rescuer will demonstrate ability to follow sequence of procedures to determine an obstruction of the airway and clear it.

### Conditions

1. The situation presented will be a simulated patient (Resusci-Anne) found in a restaurant, whose airway is obstructed. The Resusci-Anne will have the hose to the lungs blocked with a piece of wet cheesecloth and the chest and back padded with towels or blankets to simulate a real person.
2. The following equipment will be provided for testing:
  - a. Resusci-Anne
  - b. alcohol
  - c. sponges

### Standards

The standards are incorporated into the following checklist to be used by the scorer.



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

FOREIGN BODY OBSTRUCTION CHECKLIST

|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| 1. Establish unresponsiveness. Shake shoulder gently; shout "Are you okay?"<br>Call out "Help!"  |           |         |          |
| 2. Assess airway and breathing.  |           |         |          |
| 3. Position face over manikin's face, pinch manikin's nostrils shut and attempt to ventilate with four quick breaths.  |           |         |          |
| 4. Reposition head and again attempt to ventilate.   |           |         |          |
| 5. Roll patient toward self, resting patient against thighs and deliver four blows to the upper middle back with heel of hand.   |           |         |          |
| 6. Immediately roll patient back to supine position; turn patient's head to side and locate point midway between patient's umbilicus and base of sternum.  |           |         |          |
| 7. Place the heel of one hand at that midpoint (fingers open and pointing toward patient's head) with other hand on top (crossed and also open), and give four inward and upward manual thrusts, not shifting hand position. |           |         |          |
| 8. Turn patient's head to the side, open the patient's mouth and probe deeply into the pharynx and along the cheeks.   |           |         |          |



|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| 9. Reposition patient to open airway and attempt to ventilate.   |           |         |          |
| 10. Again roll patient toward self, resting patient against thighs, and deliver one blow to the upper middle back with heel of hand. |           |         |          |

SCORER STATES PATIENT HAS BEGUN BREATHING.

PASS/FAIL

In order to pass this skill all points must be performed correctly and in proper sequence.

Overall Evaluation: \_\_\_\_\_

Scorer's Comments: \_\_\_\_\_

\_\_\_\_\_  
Scorer's Signature



## EXTERNAL BLEEDING

### Performance Objective

Rescuer will demonstrate in proper sequence ability to control external bleeding.

### Conditions

1. The situation presented will be a simulated patient with lacerated wrist, confused, apathetic, with blood spurting from wrist. Patient will be on the floor, slumped against the wall. An untrained helper will be available when needed.
2. The following equipment will be provided for testing:<sup>1</sup>
  - a. two open ten-packs of 4 x 4s
  - b. Kerlix or Kling
  - c. triangular bandage folded into cravate
  - d. dowel or equivalent windlass
  - e. blankets
  - f. eyebrow pencil, simulating a magic marker
  - g. some inappropriate equipment (included to test rescuer's judgment)

### Standards

The standards are incorporated into the following checklist to be used by the scorer. All key points are indicated by an asterisk (\*).

---

<sup>1</sup> Blood pressure cuff will not be provided although it would be appropriate to use as a tourniquet. The intent is to test the manual method of tourniquet application.



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

EXTERNAL BLEEDING CHECKLIST

|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| 1. Introduce self, reassure patient and request permission to treat.   |           |         |          |
| *2. Apply direct pressure to laceration.   |           |         |          |
| SCORER STATES THE PATIENT IS STILL ACTIVELY BLEEDING.  |           |         |          |
| *3. Maintain direct pressure and elevate bleeding wound above heart (at least eighteen inches).  |           |         |          |
| SCORER STATES THE PATIENT IS STILL ACTIVELY BLEEDING.  |           |         |          |
| *4. Maintain direct pressure and elevation. Then locate brachial artery; compress against humerus.   |           |         |          |
| SCORER STATES THE PATIENT IS STILL ACTIVELY BLEEDING.  |           |         |          |
| *5. Rescuer instructs helper to maintain direct pressure and elevation also maintaining compression against the humerus while rescuer applies tourniquet. <sup>2</sup> |           |         |          |
| *a. Fold triangular bandage until it is three to four inches wide and eight layers thick.  |           |         |          |

\*key points

2

The Task Force recognizes that the tourniquet should be applied only when absolutely necessary.



|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| *b. Wrap bandage twice around the extremity at a point proximal to the bleeding but as far distal on the extremity as possible. Start with the middle of the bandage on the upper side of the limb, wrap around once completely, and start to tie over the first layer of bandage. |           |         |          |
| c. Tie $\frac{1}{2}$ knot in the bandage.  |           |         |          |
| *d. Place a dowel (windlass) on top of that knot.  |           |         |          |
| *e. Tie the ends of the bandage over dowel.  |           |         |          |
| *f. Use the dowel as a handle to tighten the tourniquet.   |           |         |          |
| AFTER $\frac{1}{4}$ - $\frac{1}{2}$ TURN, SCORER STATES BLEEDING IS CONTROLLED. (Only $\frac{1}{4}$ - $\frac{1}{2}$ turn is used in testing for comfort of simulated patient.)   |           |         |          |
| *g. Secure the dowel in place with the ends of the triangular bandage.   |           |         |          |
| *h. Using eyebrow pencil, mark somewhere on patient the time tourniquet was applied. (Forehead may be used.)   |           |         |          |
| *i. Scorer checks to see that dowel is secure.   |           |         |          |
| SCORER STATES BLEEDING IS CONTROLLED; HOWEVER, PATIENT IS IN SHOCK. SCORER THEN ASKS RESCUER IN WHAT POSITION PATIENT SHOULD BE PLACED FOR TRANSPORT.  |           |         |          |
| *8. Rescuer states patient should be transported in shock position, supine (face up) with legs elevated.   |           |         |          |

\*key points



PASS/FAIL

1. In order to pass this skill, the rescuer must perform correctly all critical criteria as shown with asterisks (\*).

---

Overall Evaluation: \_\_\_\_\_

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Scorer's Comments: \_\_\_\_\_

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\_\_\_\_\_  
Scorer's Signature



## CERVICAL SPINE INJURY

### Performance Objective

Rescuer will demonstrate ability to immobilize and extricate an auto accident victim with a suspected cervical spine fracture.

### Conditions

1. The situation presented will be a simulated patient sitting in the driver's seat of a car. The patient will be complaining of neck pain and tingling in both arms. He will be wearing a head band.<sup>1</sup> Two untrained helpers will be available if needed. The car may be simulated by a chair with a tipped blackboard as the roof.
2. The following equipment will be provided for testing:
  - a. cervical collar
  - b. short backboard with straps
  - c. extra ties for hands and feet
  - d. long backboard
  - e. seat belts to secure patient on long backboard
  - f. tape (one piece for forehead)
  - g. padding (ABDs, turkish towel, Kerlix, etc.)
  - h. two sandbags
  - i. blackboard (if car is not used)
  - j. chair (if car is not used)

### Standards

The standards are incorporated into the following checklist to be used by the scorer. All key points are indicated by an asterisk (\*).

---

<sup>1</sup>Head band is used for comfort of simulated patient when tape is used on forehead.



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

CERVICAL SPINE INJURY CHECKLIST

|   | PERFORMED | OMITTED | COMMENTS |
|---|-----------|---------|----------|
| SCORER STATES THAT PATIENT HAS BEEN EXAMINED AND HAS A SUSPECTED CERVICAL FRACTURE.                             |           |         |          |
| 1. Introduce self, reassure patient and request permission to treat.  |           |         |          |
| *2. Ask one helper to get in the back seat area and apply traction to the patient's head, explaining procedure. |           |         |          |
| *3. Put cervical collar on patient while helper applies continuous traction.                                    |           |         |          |
| *4. Ease short backboard behind patient.  |           |         |          |
| 5. Apply padding to small of back without flexing patient's neck, to provide comfort.                           |           |         |          |
| *6. Secure torso to short board with straps.  |           |         |          |
| 7. Pad the patient's back of neck and head to insure patient's comfort.   |           |         |          |
| *8. Secure the patient's head to the short board with ties to immobilize the head and neck.                     |           |         |          |
| 9. Instruct helper to release traction.   |           |         |          |
| 10. Use tie to keep hands together.   |           |         |          |
| *11. Have helper place long spine board on edge of seat.  |           |         |          |
| *12. Place self on driver's side and control patient as patient is turned outward.                              |           |         |          |

\*key points



|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| *13. Continue to pass patient out onto long backboard, utilizing both helpers.   |           |         |          |
| *14. Lay patient flat on long backboard with knees flexed (put padding under patient's knees to keep them slightly flexed).    |           |         |          |
| 15. Further immobilize head with sandbags.   |           |         |          |
| 16. Use at least two seat belts to secure patient onto long backboard; one belt across upper torso and one across lower torso. |           |         |          |

\*key points



PASS/FAIL

1. In order to pass this skill, the rescuer must perform correctly all critical criteria as shown with asterisks (\*).
2. The rescuer must also perform correctly at least two non-critical points in order to pass.
3. If a rescuer performs the following *key don'ts*, he will automatically fail the skill.
  1. *Don't* apply chin strap, due to danger of vomiting.
  2. *Don't* secure patient so that immobilization of the neck is not maintained.

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Overall Evaluation: \_\_\_\_\_

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Scorer's Comments: \_\_\_\_\_

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Scorer's Signature



CARDIOPULMONARY RESUSCITATION (CPR)  
SINGLE RESCUER - INFANT

Performance Objective

Rescuer will demonstrate ability to perform single rescue CPR on an infant resuscitation manikin for one minute.

Conditions

1. The situation presented will be a Resusci-Baby, positioned face up on table to simulate a cardiopulmonary arrest patient.
2. The following equipment will be provided for testing:
  - a. Resusci-Baby
  - b. alcohol
  - c. sponges
  - d. stopwatch

Standards

The standards are incorporated into the following checklist to be used by the scorer.



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

CPR SINGLE RESCUER - INFANT CHECKLIST

|  | MAX. ELAPSED<br>TIME (SECS.) | PERFORMED | OMITTED | COMMENTS |
|--|------------------------------|-----------|---------|----------|
| 1. Establish unresponsiveness within 6 seconds. Flick the bottom of the heel.                                    | 6                            |           |         |          |
| 2. Open airway and assess breathing within 5 seconds. (Look, listen and feel.)                                   | 11                           |           |         |          |
| 3. Give initial four ventilations (puffs from cheeks) within 4 seconds.  | 15                           |           |         |          |
| 4. Assess cardiac function within 10 seconds by palpation of carotid or precordial pulse for at least 5 seconds. | 25                           |           |         |          |
| 5. Maintain proper two-finger position (midsternum) with less than five errors per minute.                       |                              |           |         |          |
| 6. Start external cardiac compression within 5 seconds.  | 30                           |           |         |          |
| 7. Maintain a compression rate of 80-100.  |                              |           |         |          |
| 8. Maintain proper compression distance 1/2 - 3/4 inch.  |                              |           |         |          |
| 9. Maintain equal compression and relaxation time.   |                              |           |         |          |
| 10. Do not stop compression for more than 5 seconds at any one time.   |                              |           |         |          |



|   | PERFORMED | OMITTED | COMMENTS |
|---|-----------|---------|----------|
| 11. Interpose one ventilation after each fifth compression.               |           |         |          |
| 12. Do not stop ventilation for more than 10 seconds.                     |           |         |          |
| 13. Keep infant manikin horizontal or head down.                          |           |         |          |
| <u>Key Points</u>   |           |         |          |
| 1. Check for return of pulse and spontaneous breathing once every minute. |           |         |          |
| 2. Maintain complete relaxation of compressions.                          |           |         |          |
| 3. Do not remove compression fingers from chest.                          |           |         |          |
| 4. Apply compression pressure straight downward.                          |           |         |          |
| 5. Do not hyperextend head.   |           |         |          |

PASS/FAIL

In order to pass this skill, all points must be performed correctly.

Overall Evaluation: \_\_\_\_\_

Scorer's Comments: \_\_\_\_\_

\_\_\_\_\_  
Scorer's Signature



CARDIOPULMONARY RESUSCITATION (CPR)  
SINGLE RESCUER - ADULT

Performance Objective

Rescuer will demonstrate ability to perform single rescuer CPR sequence on Recording-Anne for one minute.

Conditions

1. The situation presented will be a Recording-Anne, positioned face up on the floor, to simulate a cardiopulmonary arrest patient. The instructor will have produced a tape as a baseline before rescuers enter the room.

Rescuer will be allowed 90 seconds of manikin practice just prior to testing.

2. The following equipment will be provided for testing:
  - a. Resusci-Anne
  - b. alcohol
  - c. sponges
  - d. extra tapes
  - e. stopwatch

Standards

The standards are incorporated into the following checklist to be used by the scorer.



# CARDIOPULMONARY RESUSCITATION

## SINGLE RESCUER

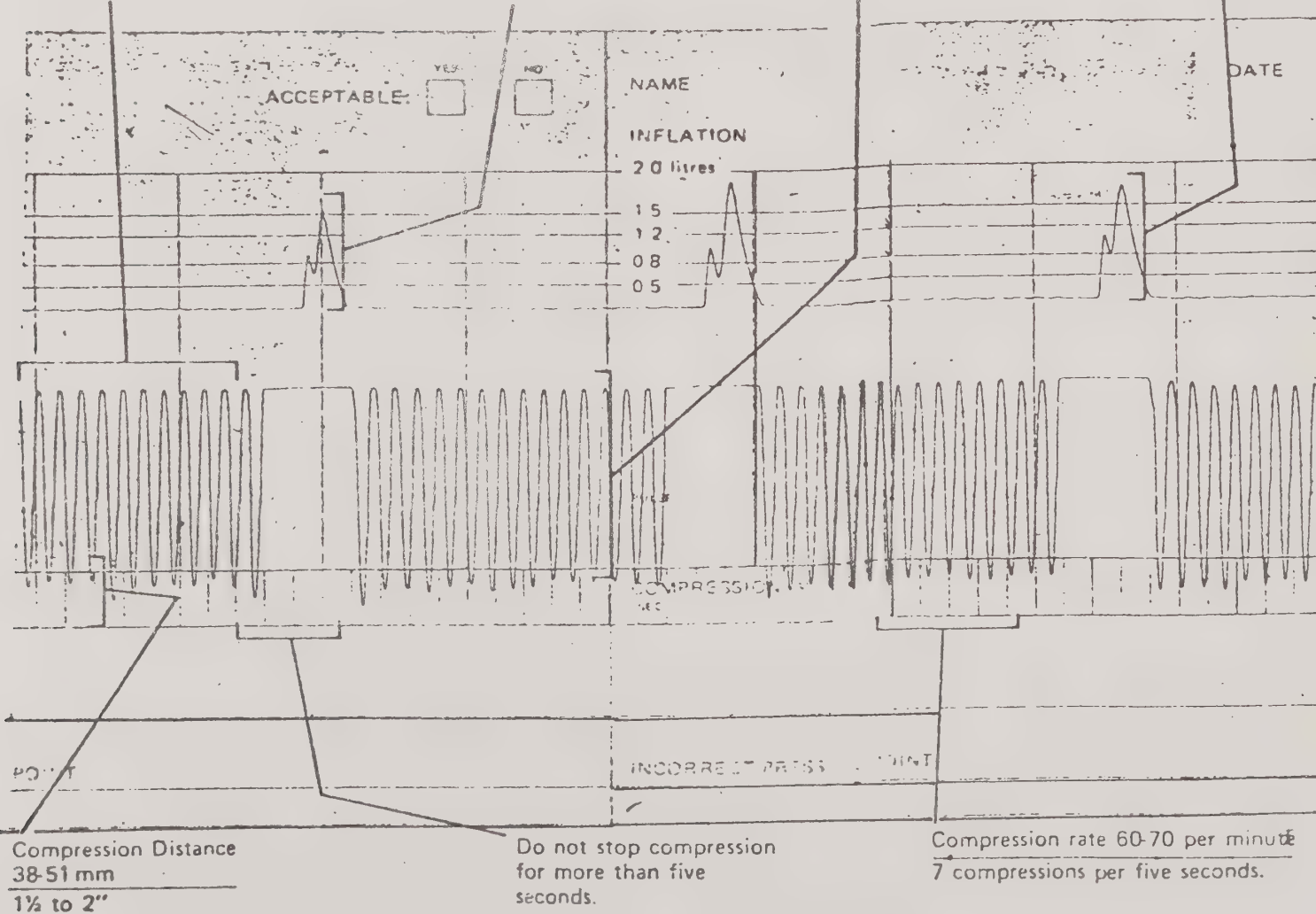
15 COMPRESSIONS - 2 VENTILATIONS

Maintain a straight compression/relaxation line.

Do not allow lungs to deflate between ventilation.

Compressions 50% relaxation 50%

Ventilation volume of at least .8 liters.





Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

### CPR SINGLE RESCUER - ADULT CHECKLIST

|   | MAX. ELAPSED<br>TIME (SECS.) | PERFORMED | OMITTED | COMMENTS |
|---|------------------------------|-----------|---------|----------|
| 1. Establish unresponsiveness within 6 seconds. Shake or pinch shoulder gently and shout "Are you okay?"  | 6                            |           |         |          |
| 2. Open airway and assess breathing within 5 seconds. (Look, listen and feel.)  | 11                           |           |         |          |
| 3. Give initial four ventilations within 4 seconds (three out of four ventilations to exceed 0.8 liters or 800 cc). These ventilations should also be stairstep ventilations. | 15                           |           |         |          |
| 4. Assess cardiac function within 10 seconds by feeling carotid pulse to be felt a minimum of 5 seconds. (Look, listen and feel.)   | 25                           |           |         |          |
| 5. Start external cardiac compression within 5 seconds. Hand should be placed with two fingers above lower end of sternum.  | 30                           |           |         |          |
| 6. Maintain a compression rate of 80 (achieving 60-70/minute) with audible cadence.   |                              |           |         |          |
| 7. Maintain proper compression distance (1½ - 2 in., 39-51mm); with not more than four errors per minute.   |                              |           |         |          |
| 8. Maintain proper hand position--not more than four errors per minute.   |                              |           |         |          |
| 9. Maintain equal compression and relaxation time.  |                              |           |         |          |



|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| 10. Do not stop compression for more than 5 seconds at any one time.       |           |         |          |
| 11. Interpose two ventilations between each set of fifteen compressions:   |           |         |          |
| a. each ventilation to exceed 0.8 liters                                   |           |         |          |
| b. not allowing lungs to deflate between ventilations                      |           |         |          |
| <u>Key Points</u>  |           |         |          |
| 1. Check for return of pulse, and spontaneous breathing once every minute. |           |         |          |
| 2. Maintain complete relaxation of compressions.                           |           |         |          |
| 3. Do not remove compression hand from chest.                              |           |         |          |
| 4. Apply compression pressure straight downward.                           |           |         |          |

PASS/FAIL

In order to pass this skill, all points must be performed correctly.

Overall Evaluation: \_\_\_\_\_

Scorer's Comments: \_\_\_\_\_

\_\_\_\_\_  
Scorer's Signature



CARDIOPULMONARY RESUSCITATION (CPR)  
TWO RESCUERS - ADULT

Performance Objective

Rescuer will demonstrate ability to perform two-rescuer CPR sequence on a Recording-Anne for one minute.

Conditions

1. The situation presented will be a Recording-Anne, positioned face up on the floor to simulate a cardiopulmonary arrest patient. The scorer will assign one rescuer to ventilate, the second rescuer to compress. Rescuers will perform in assigned positions until stopped by the scorer. Rescuers will change assigned positions and redemonstrate performance from starting position when specified by scorer. Rescuers will not talk to each other during performance except for counting cadence.

Rescuers will each be allowed 90 seconds of manikin practice just prior to testing.

2. The following equipment will be provided for testing:
  - a. Recording-Anne
  - b. alcohol
  - c. sponges
  - d. extra tapes
  - e. stopwatch

Standards

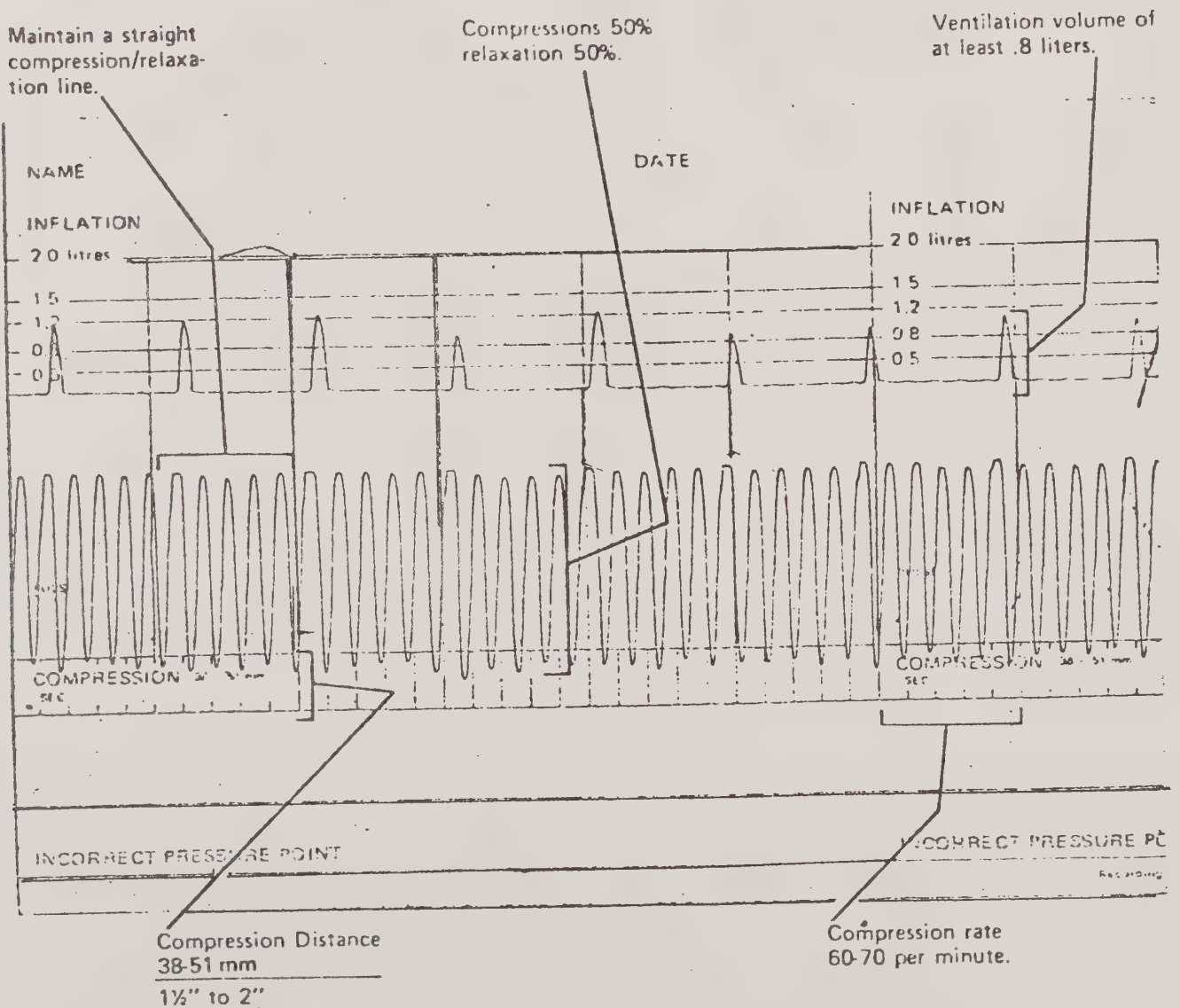
The standards are incorporated into the following checklist to be used by the scorer.



# CARDIOPULMONARY RESUSCITATION

## TWO RESCUERS

### 5 COMPRESSIONS — 1 VENTILATION





Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

### CPR TWO RESCUERS - ADULT CHECKLIST

|   | MAXIMUM ELAPSED<br>TIME (SECS.) | PERFORMED | OMITTED |  |
|---|---------------------------------|-----------|---------|--|
| 1. Establish unresponsiveness within 6 seconds. Shake or pinch shoulder gently and shout "Are you okay?"  | 6                               |           |         |  |
| 2. Open airway and assess breathing within 5 seconds. (Look, listen and feel.)  | 11                              |           |         |  |
| 3. Give initial four ventilations within 4 seconds (three out of four ventilations to exceed 0.8 liters or 800 cc). These ventilations should also be stairstep ventilations. | 15                              |           |         |  |
| 4. Assess cardiac function within 10 seconds.   | 25                              |           |         |  |
| 5. Start external cardiac compression within 5 seconds. Hand should be placed with two fingers below lower end of sternum.  | 30                              |           |         |  |
| 6. Maintain a compression rate of 60-70 per minute.   |                                 |           |         |  |
| 7. Maintain proper compression distance (1½ - 2 in., 39-51mm); not more than four errors per minute.  |                                 |           |         |  |
| 8. Maintain proper hand position - not more than four errors per minute.  |                                 |           |         |  |
| 9. Maintain equal compression and relaxation time.  |                                 |           |         |  |



|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| 10. Do not stop compression for more than 5 seconds at any one time.   |           |         |          |
| 11. Interpose one ventilation after each fifth compression; each ventilation to exceed 0.8 liters (800 cc); not more than two errors per minute. |           |         |          |
| 12. Do not stop ventilation for more than 10 seconds at any one time.  |           |         |          |
| <u>Key Points</u>  |           |         |          |
| 1. Check for return of pulse and spontaneous breathing once every minute.  |           |         |          |
| 2. Count cadence audibly (rescuer doing compressions).   |           |         |          |
| 3. Maintain complete relaxation of compressions.   |           |         |          |
| 4. Do not remove compression hands from chest.   |           |         |          |
| 5. Check carotid pulse with compressions.  |           |         |          |
| 6. Apply compression pressure straight downward.   |           |         |          |

PASS/FAIL

In order to pass this skill, all points must be performed correctly.

Overall Evaluation: \_\_\_\_\_

Scorer's Comments: \_\_\_\_\_

\_\_\_\_\_  
Scorer's Signature



## SCALP LACERATION

### Performance Objective

Rescuer will demonstrate ability to recognize possible head and/or neck injury, control bleeding and avoid contamination of wound.

### Conditions

1. The situation presented will be a simulated patient, in a sitting position, with neck immobilized with cervical collar. Patient will have a five-centimeter laceration from a knife wound, bleeding freely, on right parietal area of skull. The patient evaluation will have been completed.
2. The following equipment will be provided for testing:
  - a. stack of 4 x 4s (labeled sterile)
  - b. Kerlix (labeled sterile)
  - c. tape

### Standards

The standards are incorporated into the following checklist to be used by the scorer. All key points are indicated by an asterisk (\*).



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

SCALP LACERATION CHECKLIST

|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| IF SIMULATED BLEEDING IS NOT POSSIBLE,<br>SCORER STATES WOUND IS BLEEDING FREELY.    |           |         |          |
| 1. Introduce self, reassure patient<br>and request permission to treat.              |           |         |          |
| *2. Apply direct pressure with folded<br>4 x 4s.                                     |           |         |          |
| SCORER STATES BLEEDING IS NOT CONTROLLED.  |           |         |          |
| *3. Without removing initial 4 x 4,<br>reinforce dressing with additional<br>4 x 4s. |           |         |          |
| SCORER STATES BLEEDING IS NOW CONTROLLED.  |           |         |          |
| *4. Secure 4 x 4s with Kerlix wound<br>around widest circumference of head.          |           |         |          |

PASS/FAIL

1. In order to pass this skill, the rescuer must perform correctly all critical criteria as shown with asterisks (\*).

Overall Evaluation: \_\_\_\_\_

Scorer's Comments: \_\_\_\_\_

Scorer's Signature \_\_\_\_\_

\*key points



## TRACTION SPLINT

### Performance Objective

Rescuer will demonstrate ability to apply traction to a femur, fractured mid-shaft.

### Conditions

1. The situation presented will be a simulated patient who will have sustained a mid-shaft fractured femur in a bicycle accident. The bicycle will have just collided with a car. Deformity and swelling will be present through the use of moulage. The patient's pant leg will be precut and the patient will be wearing a tennis shoe. A bicycle will be lying next to the patient (optional prop). The patient evaluation will have been completed. Another rescuer will be available for assistance.
2. The following equipment will be provided for testing:
  - a. bicycle (optional)
  - b. padding - foam or ABDs
  - c. adult hare traction splint

### Standards

The standards are incorporated into the following checklist to be used by the scorer. All key points will be indicated by an asterisk (\*).



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

### TRACTION SPLINT CHECKLIST

|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| 1. Introduce self, reassure patient, and request permission to treat.  |           |         |          |
| *2. Instruct helper to apply hand traction on injured leg above sock.  |           |         |          |
| *3. To examine, expose patient's injured limb by opening precut pants.   |           |         |          |
| *4. Remove shoe and sock, maintaining traction manually.   |           |         |          |
| *5. Check for circulation by:  |           |         |          |
| *a. pedal pulses   |           |         |          |
| *b. Color of limb (blanching of nail beds)   |           |         |          |
| 6. Check for nerve function by:  |           |         |          |
| a. sensation   |           |         |          |
| *b. toe wave   |           |         |          |
| *7. Place traction splint beside leg (non-injured leg encouraged) and adjust for length - six inches beyond "crotch to sole" length.           |           |         |          |
| *8. Spread out straps so that four (two above and two below) will encircle the leg above and below the knee, avoiding any strap over fracture. |           |         |          |
| 9. Place padding on splint beneath knee and ankle. (optional)  |           |         |          |
| 10. Gently place splint under leg. Push top portion of splint up firmly against ischium.   |           |         |          |

\*key points



|   | PERFORMED | OMITTED | COMMENTS |
|---|-----------|---------|----------|
| 11. Secure groin strap first.   |           |         |          |
| 12. Apply foot strap properly as traction is still manually maintained.             |           |         |          |
| 13. Tighten traction manually as helper is instructed to release traction manually. |           |         |          |
| 14. Secure remaining straps from top to bottom.                                     |           |         |          |
| 15. Recheck for circulation by:   |           |         |          |
| *a. pedal pulses  |           |         |          |
| b. color of limb (blanching of nail beds)   |           |         |          |
| 16. Recheck for nerve function by:  |           |         |          |
| *a. Toe wave  |           |         |          |
| b. sensation  |           |         |          |

#### PASS/FAIL

1. In order to pass this skill, the rescuer must perform correctly all critical criteria as shown with asterisks (\*).
2. If a rescuer performs the following *key don'ts*, he will automatically fail the skill.

*Don't* use anything other than hand to apply manual traction.

Overall Evaluation: \_\_\_\_\_

Scorer's Comments: \_\_\_\_\_

Scorer's Signature \_\_\_\_\_

\*key points



## COMPOUND TIBIA FRACTURE

### Performance Objective

Rescuer will demonstrate ability to treat and immobilize open tibia fracture.

### Conditions

1. The situation presented will be a simulated patient who has been in a motorcycle accident. Bone end will be protruding from the wound, but no excessive bleeding will be present. Wound will be grossly contaminated with dirt. The patient exam will have been completed. An untrained person will be available for assistance.
2. The following equipment will be provided for testing:
  - a. sterile packs of 4 x 4s
  - b. padding, such as foam, ABDs, sheets, etc.
  - c. three sizes of cardboard splints (one too long, one too short, one appropriate)
  - d. Kerlix
  - e. bottle of saline

### Standards

The standards are incorporated into the following checklist to be used by the scorer. All key points are indicated by an asterisk (\*).



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

### COMPOUND TIBIA FRACTURE CHECKLIST

|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| 1. Introduce self, reassure patient and request permission to treat.   |           |         |          |
| 2. Remove shoe and sock with assistance from helper to stabilize leg.  |           |         |          |
| 3. Prior to immobilization, check for circulation by:  |           |         |          |
| *a. pedal pulse  |           |         |          |
| b. color of limb (blanching of nailbeds)   |           |         |          |
| 4. Prior to immobilization, check for nerve function by:   |           |         |          |
| a. sensation   |           |         |          |
| *b. toe wave   |           |         |          |
| 5. <u>Gently</u> remove gross contamination with 4 x 4s moistened with saline.   |           |         |          |
| *6. Apply dry sterile dressing to wound and secure.  |           |         |          |
| *7. Select appropriate size cardboard splint, measuring splint beside leg (long enough to adequately immobilize ankle and knee). |           |         |          |
| *8. Place padding in cardboard splint. Place extra padding behind knee and ankle for patient comfort.                            |           |         |          |
| *9. Lift patient's leg just high enough for splint to slide underneath. Instruct assistant to place splint under leg.            |           |         |          |

\*key points



|   | PERFORMED | OMITTED | COMMENTS |
|---|-----------|---------|----------|
| *10. Secure splint in four places, above and below the knee and above and below the ankle. Splint should not be secured over the wound. |           |         |          |
| *11. Recheck pedal pulse and toe wave.  |           |         |          |

\*key points



PASS/FAIL

1. In order to pass this skill, the rescuer must perform correctly all critical criteria as shown with asterisks (\*).
2. The rescuer must also perform correctly at least three non-critical points in order to pass.

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Overall Evaluation: \_\_\_\_\_

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Scorer's Comments: \_\_\_\_\_

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\_\_\_\_\_  
Scorer's Signature

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\*key points



## EMERGENCY CHILDBIRTH

### Performance Objective

Rescuer will demonstrate ability to care for mother and child during emergency childbirth, normal delivery.

### Conditions

1. The situation presented will be a simulated patient 30 year old multipara and an OB manikin, second delivery, in which the simulated patient will answer all questions pertaining to history of pregnancy and impending birth. The patient will be nine months pregnant, with contractions.
2. The rescuer will be provided with the following equipment for testing:
  - a. OB manikin and infant manikin.
  - b. simple flat surface
  - c. OB Kit which includes: four sterile towels, drapes, two cord clamps, umbilical ties, bandage scissors, sterile gloves, receiving blanket, bulb syringe, peri-pads, two plastic bags, betadine prep.

### Standards

The standards are incorporated into the following checklist to be used by the scorer. All key points are indicated by an asterisk (\*).



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY CHILDBIRTH CHECKLIST

|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| 1. Introduce self, reassure patient and request permission to treat.                             |           |         |          |
| 2. Ask patient, "Does Doctor expect any problems with delivery?"                                 |           |         |          |
| *3. Ask patient, "Is this first vaginal delivery? If not, how long was previous labor?"          |           |         |          |
| *4. Ask patient, "Do you feel a need to bear down or move your bowels?"                          |           |         |          |
| 5. Reassure patient of need to examine for crowning.   |           |         |          |
| *6. Observe for crowning.  |           |         |          |
| BABY'S HEAD SEEN CROWNING AND IS NOW ADVANCING OUT SLOWLY WITH FACE DOWN (NORMAL DELIVERY).      |           |         |          |
| 7. Open OB Kit.  |           |         |          |
| 8. Attempt to cleanse area and drape.  |           |         |          |
| 9. Put gloves on, using sterile technique.   |           |         |          |
| *10. Apply gentle pressure with one hand to prevent explosion; with other hand protect perineum. |           |         |          |
| *11. Check for cord around neck when baby's head is out and face starts to turn to the right.    |           |         |          |
| *12. Remove cord from around baby's neck.  |           |         |          |

\*key points



|   | PERFORMED | OMITTED | COMMENTS |
|---|-----------|---------|----------|
| 13. Clear airway by suctioning baby's mouth with bulb syringe.                        |           |         |          |
| 14. Apply gentle downward pressure to head to release upper shoulder.                 |           |         |          |
| 15. Apply gentle upward pressure on head to release lower shoulder.                   |           |         |          |
| BODY DELIVERING QUICKLY NOW.  |           |         |          |
| *16. Hold baby securely with firm but gentle grip.                                    |           |         |          |
| *17. Keep baby at level of mother's perineum.   |           |         |          |
| *18. Squeeze air out of bulb syringe before entering orifice to suction baby's mouth. |           |         |          |
| SCORER STATES BABY IS OUT; NOT BREATHING BUT HAS PULSE.                               |           |         |          |
| *19. Flick bottom of baby's foot.   |           |         |          |
| SCORER STATES BABY IS CRYING NOW.   |           |         |          |
| *20. Double clamp cord:   |           |         |          |
| a. first clamp should be six to eight inches from baby.                               |           |         |          |
| b. second clamp should be two to four inches from first clamp toward mother.          |           |         |          |
| 21. Blot baby dry of amniotic fluid.  |           |         |          |
| *22. Wrap baby in clean blanket.  |           |         |          |
| 23. Place baby on mother's abdomen or between legs.                                   |           |         |          |
| *24. Gently check cord but don't pull.  |           |         |          |
| 25. Externally massage uterus.  |           |         |          |
| SCORER STATES PLACENTA HAS DELIVERED.   |           |         |          |
| *26. Place placenta in plastic bag in preparation for transport.                      |           |         |          |

\*key points



PASS/FAIL

1. In order to pass this skill the rescuer must perform correctly all critical criteria as shown with asterisks (\*).
2. The rescuer must also perform correctly at least four non-critical points in order to pass.
3. If a rescuer performs one of the following *key don'ts* he will automatically fail the skill.
  - a. *Don't* place baby on abdomen with cord unclamped.
  - b. *Don't* pull cord for delivery of placenta.

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Overall Evaluation: \_\_\_\_\_

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Scorer's Comments: \_\_\_\_\_

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\_\_\_\_\_  
Scorer's Signature

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\*key points



## RADIO COMMUNICATIONS

### Performance Objective

Rescuer will demonstrate ability to organize random trauma scene and patient information into a useful radio transmission to an Emergency Department physician.

### Conditions

1. The situation will be presented through a photograph of the patient situation and a sheet of paper with random information about the patient situation. A tape recorder and microphone will simulate a radio transmitter to send information to the emergency department. Although the rescuer's voice will be recorded, the scorer must be present. The scorer may evaluate the rescuer's performance at the time of the test or later from the taped information. The rescuer will be given two minutes to both read the information and to look at the photograph.
2. The following equipment will be provided for testing:
  - a. photograph of patient situation
  - b. sheet of paper:
    1. on clip board
    2. with random information (both pertinent and non-pertinent) about patient situation, including ETA and
    3. with lines on rest of page to allow space for rescuer's notes.
  - c. stopwatch

### Standards

The standards are incorporated into the following checklist to be used by the scorer.



Rescuer's Name: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Date: \_\_\_\_\_

RADIO COMMUNICATIONS CHECKLIST

|  | PERFORMED | OMITTED | COMMENTS |
|--|-----------|---------|----------|
| RESCUER WILL TRANSMIT THE FOLLOWING INFORMATION: |           |         |          |
| 1. Rescue unit identification                    |           |         |          |
| 2. Base hospital identification                  |           |         |          |
| 3. Subjective or symptom review                  |           |         |          |
| a. age   |           |         |          |
| *b. chief complaint                              |           |         |          |
| 4. Objective or examination review               |           |         |          |
| *a. Overall condition                            |           |         |          |
| (1) ABC priorities                               |           |         |          |
| (2) primary exam                                 |           |         |          |
| *b. pertinent secondary head to foot exam        |           |         |          |
| *c. vital signs                                  |           |         |          |
| (1) blood pressure                               |           |         |          |
| (2) pulse  |           |         |          |
| (3) respiration                                  |           |         |          |
| 5. Patient assessment                            |           |         |          |
| *6. Treatment plan                               |           |         |          |
| a. skills  |           |         |          |
| b. code  |           |         |          |
| c. ETA   |           |         |          |

\*key points



PASS/FAIL

1. In order to pass this skill, the rescuer must perform correctly all critical criteria as shown with asterisks and in proper sequence.
2. If a rescuer performs the following *key don't*, he will automatically fail the skill.

*Don't* exceed 90 seconds to complete the test.

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Overall Evaluation: \_\_\_\_\_

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Scorer's Comments: \_\_\_\_\_

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\_\_\_\_\_  
Scorer's Signature

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